

## Contractor Identification Request

### New ID's, Changes, Deletes

**U.S. Department of Labor**  
Mine Safety and Health Administration



Contractor ID Number	Check Appropriate Box	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Metal/Nonmetal <input type="checkbox"/> Coal <input type="checkbox"/>	Date: ____/____/____
Check Appropriate Box		
New ID <input type="checkbox"/>	Address Change <input type="checkbox"/>	Name Change (no ownership change) <input type="checkbox"/>
Other Change (Specify) <input type="checkbox"/> _____		
Delete (Specify reason for deleting) <input type="checkbox"/> _____		
New ID (Ownership Changed) <input type="checkbox"/> _____		
<input type="checkbox"/> Specify Previous Company Name _____		
<input type="checkbox"/> Specify Previous Contractor ID Number _____		

Company/Trade Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (Document Delivery) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Mine ID Number				.						or Multiple Operations
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Contractor's estimated hours on mine property \_\_\_\_\_ hours

Type of Work Performed (Specify) \_\_\_\_\_

District/Field Office \_\_\_\_\_

Name of MSHA Employee Requesting Number \_\_\_\_\_

Phone Number (      ) \_\_\_\_\_ FAX Number (      ) \_\_\_\_\_

## FAX Verification

Coder Number: \_\_\_\_\_

FAX Number: (303) 231-5515	Attn. ADIB	Date: ____/____/____	Time: ____	Sender: _____
FAX Number:	Attn.	Date: ____/____/____	Time: ____	Sender: _____